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SECRETARY OF STATE

S. WARREN MAR 2 7 2018

CR2E079 (2/14)

TO:	Regis	stration Section	:	
	Divis	ion of Corporations		
SUBJI	ECT:	ANNA MARIA SAILING &		
		(Name of Li	mited Liability Cor	mpany)
The en	closed	l member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please	return	all correspondence concernin	g this matter to:	
JUAN	ITA H	OLT		
		(Contact Person)		_
ANNA	MAR	RIA SAILING & BOAT RIDE	S LLC	
		(Firm/Company)		_
1021	MANE	DALAY DRIVE		
		(Address)		-
BRAN	DON	, FL 33511		
		(City/State and Zip Code)		_
For fur	ther ir	nformation concerning this ma	tter, please call:	
OCTA	VIO .	J. UTRERA	941 at (	580-1502
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclose \$25	-	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
Clifton	Build	ling		P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L1800005297	•	signed to this limited liability company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:
ILLA KUTA LIA	n T	, hereby withdraw/resign as a
	D MANAGING MEMBER	
	(Print Title)	
of this limited lia resignation in w	* * -	e limited liability company has been notified of my
) vou	I Hola	
Signature of D	issociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	